2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N41174

1. Entity Name

FANCHON E. KOMITO MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154	POST OFFICE BOX 54-6530 SURFSIDE FL 33154

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0231288 — Applied For / Not Applied

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELSON, THEODORE R. 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent.

SIGNATURE (Ser.) as reg agent — 3/30/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, THEODORE R. 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154 — ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000430695 04/18/06-80067-012 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, SARAH A 9911 WEST BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154 — ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDIN, CAROLE 9231 N.W. 61ST STREET TAMARAC FL 33321 — ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informati indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direc of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 3/30/06 305 868 3944